PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	192-03
County Howard	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Clauda Refecca	Daugh
(a) Residence: No. Elliott city Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren S. Haugh	22. HEREBY CERTIFY, That I attended deceased from 1972
6. DATE OF BIRTH (month, day, end year) Ougust 18, 1860	I last saw h alive on 1992; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. A.m.
71 5 /3 1 day, his.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Melina Lynnytehy 2072
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	y Chrim my reads such
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 1	
12. BIRTHPLACE (city or town). Mary Land (State or country)	Other Contributory Causes of importence:
13. NAME Nicholas Jones	
13. NAME Nucholas Jones 14. BIRTHPLACE (city or town) Mary land (State or country)	Name of operation Date of
	What test confirmed diagnosis?
[16. BIRTHPLACE (city or town) Many land	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Warren S. Hangle (Address) Ellican Cit. Vnd.	Where did Injury occur? (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date 14. 3 1932	Manner of injury
19. UNDERTAKER Castro Sons (Address) Eller City Cont	24. Was disease or into in any way related to occupation of deceased?
20. FILED 2/3 , 19.32 WIT Frisell Registrar.	(Signed) Miller M. D. (Address) Eller Total
If more blanks are needed, address State Registrar	2427 N Charles Street Relaimore Requestion 7) S No. 2

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
Arteriosclerosis		1915	Attack of epilepsy	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 5 1982	July 5,1927	Peritonitis	3 days ago
£0	RUL O V.A.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	STACE FOR FURTHER STATEMENTS BI PHISIC	IAP
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

MEDICAL CERTIFICATE OF DEATH February 13th (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from that I last saw h ____alive on _____, 192....., and that death occurred on the date stated above, at 10 P. Suicide bys shooting himself in right temple with a revolver *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the "" "Weakness," etc., when a definite disease Measles ;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If LESS tha

1 day hr

BINDING

RESERVED

MARGIN

S. No.

(Address

Filed

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

13/- 1 (If death occurred in

	St. Ward)	a hospit d or institu- tion, give its NAME is stend of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	, 193 2
_	(Month)	(Day) (Year)
	17 I HEREBY CERTIFY, That I atter	ded the deceased from
	192 2. to 1.	7 , 192)
	that I last saw h . alive on	7 192 2
n	and that death occurred on the date stated a	bove at will Q. m
3.	The CAUSE OF DEATH * was as follows:	
Ş	a cadental Smatter	ed
-		

	(Duration)	yrs mos ds.
	Contributory Secondary	•
	(Duration)	yrsds.
	(Signed)	M. D.
-	tet 7 1922 (Address) (lar	Berth m
_	*State the Disease Causing Death, Violent Causes, state (1) Mcans of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry and (2) Whether
-	1B LENGTH OF RESIDENCE (For Hospital ients or Recent Residents)	s, Institutions, Trans-
	At place of death yrsmos. ds. State.	yrsniosds.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	Fet 4 , 193
-	2D UN OERTAKER	ADDRESS
		n F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, farm laborer, farm laborer, Spinner, (b) Collon mill: (a) Scheman, (b) Groccy; (a) Foreman, (b) Indomal le pertry. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) business, that fact may be indicated that; Former (restate occupation at regining of illion. If retired from gaged in dom: tic service for vages, as Nervant, Cook household only (not paid Househopers who receive a definite salary, may be entered a Housewife Housework, or At Home and children, not gainfully employed, as At school, a At hom. Core Louid be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary farmer, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Procie tatement of ocwhatever, write Nanc. or given up of the quest of the DIMARE CAULING DEATH Housemaid, et . If the occupation has be a changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Physician, Compositor. irs). without nore precie specification as Day many For prom. occupations a single word or term on Arch'lad. Locomolive Linerar-Coul who have no occupation mina, etc. Womengineer,

Statement of Cause of Death - Name, first, the Disease of the and causation, using alway, the time accepted term for the same die se. Framples: Corchrospinal fever (the only definite syn nym is "Fird mic cerebrospinal menia, itis": Inihit a ville from from the corchange of the only definite syn nym is "Fird mic cerebrospinal menia, itis": Inihit a ville from from the frame of the corchange of the only definite syn nym is "Fird mic cerebrospinal menia, its "Fire poor "Typhoid for preumonia," (Pneumonia,");

IRECTIVED "Debility" ("Congenital," "Senile," etc., "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septionemia." "PUERPERAL pertonitis." telanus ma, he stated un ler the head of "contributory." stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid American M disal Association. approved (Recommendations on statement of cause of as fractive of . : " and consequences 'e. g., sepsis, combolic acid probably sounds. areident; Review wound of head-honicide; Examples: Acader to I Branching; Struck by redway trainor as probably such if impossible to determine definitely; and qualify as ACCIDENTAL SUICIDAL OF HOMICIDAL, State cause for which surgi al operation was undertaken. For violent deaths state MEANS OF INJURY cun be accertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" merely symptomcausing death, 29 ds.; Brouchopneumonia (secondary), (secondar; or intercurrent Chronic interstitial Whooping cough; use of "Tumor" unqualified, is indefinite; Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Committe on for malignant neoplasms); . Measles; (hronic Example: Measles (disease etc. The n ture of the injury, affection need Nomenclature The contributory etc., "Dropsy, Poisoned by disease; not be as

If this certific to is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is event ford must be wittened before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01747
PLACE OF DEATH	107.0
County Covo acco	Registration Dist. No. / 7 3
Village or City nr. Jong Corner	NoSt., Ward
Length of residence in city or town where death occurred yrs	
	Meyers
(a) Residence: No. No. Lang Osmer Mo (Usual place of abode)	1. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Hefy /2 ,198 2- (Month) (Day) (Year)
If married, widowed, or divorced	Ae-c (tout)

(a) Residence: No. 722 Jany Granle M. (Usual place of abode)	4. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH Sely. 12 198 2 (Month) (Day) (Year)
HUSBANO of (or) WIFE of Not married 6. DATE OF BIRTH (month, day, and year) Dec. 20, 1931	22. All I HEREBY CERTIFY, That I attended deceased from 19. 19. 19. 19. 19. 19. 19. 22. deeth is sale
7. AGE Years Months Oays If LESS than 1 day,hrs ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	to have occurred on the date stated above, et 10. 3. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: One of one o
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town) here. Cong. Cosmer. (State or country) 13. NAME Unknown to me illestimed	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)(State or country)	Name of operation Date of What test confirmed diegnosis? Was there an eu opsy? And
15. MAIOEN NAME faura Beatrice Meyers 16. BIRTHPLACE (city or town) Mr. Jong Corner (State or country) mf. 17. INFORMANT James Meyers (Address) K. S., M. Aury mf.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Toplan Aprings Cem Date Feb. 113 , 1932	Manner of injury
19. UNDERTAKER German Snyder (Address) Mr. Giry mal 20. FILED Left B, 182 M Mashin. Registrar.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	11.48
County Stoward	Registration Dist. No. 194
	No. St. Ward
Village or City Yr glal and (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Sertrude Kichols	
(a) Residence: No. Nighland	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	tel 27 1932
5a. If married, widowed, or divorces	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet t attended deceased from
aver friend	1931, 10 + W 27, 1932
6. DATE OF BIRTH (month, day, end year)	I last sew here alive on Ferral 2 7 19 32 deeth is said
7. AGE Years Months Oays If LESS then 1 day,hrs.	to heva occurred on the dete stated above, at 1.0am. The PRINCIPAL CAUSE OF DEATH end related causes of importance
6 J / D / ormin.	were as follows: Oate of great
8. Trade, prefession, or particular kind of work dona, as SPINNER,	ururi schross 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Myclitis
(State or couply)	0
13. NAME Ser ge Cashell 14. BIRTHPLACE (city or town). M.	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Catherine Barraley 16. BIRTHPLACE (city or town).	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Meghol	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Mark anter Oats Feb 29, 19:32	Nature of injury
D1: (1001/11)	24. Was disease or injury In any wey related to occupation of deceased?
19. UNDERTAKER / CLEVEN SUNAPHORY	If so, specify
J. 01 19 32 X A 10. 11. 1/10	(Signed) M. D. M. D.
20. FILEO 7	(Address) Clarkorlle My

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	- !	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 2 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	- Slavens	CERTIFICATE OF DEATH
	County Sowall	Registration Dist. No
	Village or City Elbridge, (No. Less 2 FULL NAME Andrew. E.	Quick St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR BACE 5 SINGLE.	16 DATE OF DEATH,
	MARRIED, Maned WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
i	6 DATE OF BIRTH	1910, to Jeh, 814, 1932.
	shad 14th of 2	that I last saw h My alive on Leh 8 h 192 2
	(Month) (Day) (Year)	and that death occurred on the date stated above, at I R. m.
	7 AGE	The CAUSE OF DEATH & was as follows:
	69 yrs. 9 mos di dayhrs.	7/
	8 OCCUPATION	Hacushon into blodder
4	(a) Trade, profession or particular kind of work swetch foors.	Cause werkern
1	(b) General nature of industry business, or establishment in	Sudden death. (Duration) yrs. mos. 12 ds.
	which employed or (employer)	Contributory Avaenua from lan / blori.
	9 BIRTHPLACE (State or country)	Secondary few hos
	1 10 NAME OF	(Duration) Just mos da
	FATHER Edword. Questo	Zeh g th 1923 2 (Address) Relay Med.
	OF FATHER (State or country) do not prow 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	of Mother Morgaret Seals.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) do not kensw	At place of death 21 yrsmosda. In the State, & Q.yrsmosda.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mrs Margoset 12. Lunto	Former or usual residence.
	(Address) Teversig ave. Blbsidge, M.	Magustnes Ch Elkidge 21/1/21932
	Filed Feb 9 1982 L. Bir William Registrar	20 UNDERTAKER ADDRESS
	if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1

61749

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Furmer or Plunter, age. For many occupations a single word or term on tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. should be used only when needed. As examples: (a) Civil engineer. Stationary fremen, etc. But in many business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. Whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc--Coal mine. etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Ledar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee or head of "contributory." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing Chronic interstitial nephritis, etc. use of "Tumor" for mailgnant neoplasms); Meusles; inqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenciature of the American Medical Association.) ture of the injury. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicuemia." Puerperal peritonitis," etc. diseases resulting from childhirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," symptomatic), "Atrophy," "Collapse," stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is iess definite; avoid Poisoned by curbolic acid-probably suicide. The nadeath), 29 ds.; Bronchopncumonia "Debility" ("Congenital," "Senile," etc.), as fracture of skull, and conse (Recommendations on state-Example: Measles Always qualify all The contributory "Coma," "Con-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only Foreman, or For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The material At Home, and children, not gainfully em-For persons who have no occupation (not paid Housekeepers who receive a

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved (Recommendations on statement of cause of tejanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M	RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	1
V. S. Mo. 1 (C) MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANE! RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61750
1. PLACE OF PEATH	82:0
County Howard	Registration Dist, No. 195
Village or City Ellevett City.	ND. Quistous St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mys. Carry 7-	1 hompeson
(a) Residence: No. Juilful	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terral 4. COLOR ON RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (Grice by world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced larly (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day) and year V	1 1 1 1 1 2 1 2 1 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 3 3 3 3 3 3 3 3
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 5am.
(25) // 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Circul Humanhay 2/10/32
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and	
10. Oate deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Contributory Capter of importance:
(State of equiphry)	Phanochron 1919
13. NAME / Celes 9, Harman	
13. NAME (CILL) 14. BIRTHPLACE (city or town) 11.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? J.Q.
15. MAIDEN CAME of Bue Busting to	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN TAME 16. BIRTHPLACE (city or town) 16. Charles (Charles County)	Accident, suicide, or homicide?, 19, 19, 19
(State or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WILLS SCHOOL STATES (Address) ERLEAD Q'	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Cly Jeve 16, 19.3	Manner of injury
19. UNDERTAKER & aston Sous (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 2/18/32 19 Manh Shipley	(Signed) Manual M. D. (Address) Assured M. D.
If more blanks are needed address State Resistrar	2222 N. Charles Street Religious Propostors T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEAU V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
April 1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ACTLY, PHYSICIAN ed. Exact statement	Village or City Ear Redge (No. Horre	Registration Dist. No. 90 St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward)
RECORD EXACT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Q pares	Frace Color or RACE Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH One of DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
IS IS A PERMAN AGE should be st through by properly	TAGE Comparison of Birth Comparison of	that I last saw how alive on and that death occurred on the date stated above, at A. The CAUSE OF DEATH * was as follows:
FADING INK—TH refully supplied. in terms, so that instructions on k	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) M. C.	Agres to ofthe protate with releases. Server gens. (Buration) yrs. mos. Contributory GS Totas and wheener.
MARGIN RE mation should be ca E OF DEATH in plai ery important See	10 NAME OF Bley Rev. I regue. (1) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Plays Mc Pheron.	(Signed) (Signed) (Signed) (State the Disease Causino Death, or, is deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal. (B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENCE)
WRITE P	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Con Sai Toug as Jo.	Al placs of death 3.5 yrs. mes. da. State, 8.7 yrs. mes. Whera was disease contracted, if not at place of death? Former or asual residence
BEvery	(Address) Eec Rese And. 15 Filed FOR 4, 1982 & Kind Waller A. REGISTRAR	Melville M. E. Centy DATE OF BURIAL Melville M. E. Centy Tel. 5., 1913. 20 UNDERTAKER Lester Early Elbridge M.
P. Z	If mere blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V/S. No. 1.

' PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired Housemaid, etc. taken to report specifically the occupations of persons -Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer." If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tynhoid fever (never report "Typhoid pneumonia"); Lobar """ (never report "Typhoid fungs, meninginified, is indefinite); Tuberculosis of lungs, meninginified, is indefinite); Tuberculosis of lungs, meninginification of the control of the contr

gcs, peritonaeum, etc., ('arcinoma. Surcoma, etc., of rent) affection need not be stated unless important. cough; Chronic aucretar heart disease, Chronic interstitial "Tumor" for authemat neoplasms); Meastes, Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from child etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convu' genital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronnephritis, etc. 'The contributory (secondary or intereurunder the head of "Contributory." state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septichaemia," on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) Struck railway train-accident; Revolver (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion, io puno.n

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A DEED OF

	E OF	MAR	YLAND-	CERTIFICATE OF DEATH	1752
1. PLACE OF DEATH					
County				Registration Dist. No. / 7	/
Village or City	70.4	11.2			
Village or Cityico-tt				NoSt., death occurred in a hospital or institution, give its NAME instead of street and	
Langth of residence in city or too	vn where deat	h occurred	yrsmos	ds. How long in U.S. if of foreign blrth?yrsn	iosds.
2. FULL NAME Mus	Cuor	ow 1	Whete	Tuled.	
(a) Residence: No.		•		St.,Ward.	
		(Usual place		If nonresident give city or town and	1 State
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH	
S. SEX	ACE 5.	SINGLE, MAR OR DIVORCE	RIED: WIDOWAD.	21. DATE OF DEATH February 5	, 193.2 (Year)
HUSBANO of (or) MARE GLUT 100	5th/38			22. I HEREBY CERTIFY. That I attended	deceased from
(OL) NAMES OF CC T. D. C.	3011/00	,		, 19, to	, 19
5. DATE OF BIRTH (month, day, and ye	ar)	2		I last saw h alive on, 19	; death is sald
AGE Years N	onths,	e bout-	If LESS than	to have occurred on the date stated obove, atm.	
6.	-1/2		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas Ir Impolitance W (were as follows:	oods
8. Trada, profession, or particular			VI IRINA	were as ronows.	Date of onset
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc	INER.	Non		Found above dead child in	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	LL.			the woods	
SAW MILL, BANK, etc.					
10. Oate deceased last worked at this occupation (month and		Spet	nt in this		
year)	Un knov	11 00:11	ipation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	unknov	vin .			
13. NAME					
TA BIRTING AGE (II	unknov	71)		Name of operation	
(State or country)		What test confirmed diagnosis? Was there an			
15. MAIDEN NAME UNKNOWN		23. If death was due to external causes (VIOLENCE) fill in also the following			
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury Where did injury occur?			
Julius Wosch Chief of Poli (Address) Ellicott City, Md.					
18. BURIAL, CREMATION, ON REMOVAL Place Stylestic Street Date 7 1 1 1932		Manner of Injury			
19. WNDERTAKER CUSTON Jours (Address) Ellieats Cit mil		24. Was disease or injury in any way related to occupation of deceased?			
	11 1	4 1/	- 0	A D T N T	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BURNEUW.			
La Contraction of the Contractio			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more branks are needed, address State Registrar, 16 W. Saratoga St.,

BINDI

MARGIN

pla

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME i .stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

(Month) I HEREBY CERTIFY, That I attended the deceased from

that I last saw her alive on and that death occurred on the date stated above,

The GAUSE OF DEATH * was as follows:

....(Duration)

*State the Disease Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the . .yrs...... mos. ds.

(Approved by U. S. Census and American Public Health Association.)

state occupation at neining of illness. If retired from to report specifically the occupation of persons engaged in dome tic service for wages, as Normal Code, Housemaid, etc. If the occupation has been changed whatever write Nanc business, that or given up on account of the presence Cause NG DEATH should is used only when reeded. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocomy: (a) Foreman, (b) Antenuable factory. The material sary to know a the kind of work and also b) the nature of the husiness or industry, and therefore an ployed, as Al school, or Al horse Care should be taken work, or At Home and children, definite salary, may be entired as Housevele, House en at home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Fortunan," "Manager," "Dealadditional line is provided for the latter statement; it cases, especiall in industrial entropments, it is neceshousehold only not jaid Henderpers who receive a laborer, Civil engineer, the first line will be sufficient, e. g., Ferner or Pleuter, Physician. Compositor. Are lied Lacomotive engineer, tion applies to c ch and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation -Precise statement of oc-For many occupations a single word or term on 118.1 Farm takar is very in ortant, so that the relative healthwithout no e who are en aged in the duties of the For parions who have no occupation fact may be indicated thus; F rmer no Station ora The control of the Womprecie specification as Day not gainfully em-But in many The ques-RECEIVED

Statement of Cause of Peath Name, first, the DISEASE CALLING LEATH [helptimen, affection with respect to time and cause in , using always the line accepted term for the same discrete Example. Control violate ed term for the same discrete in 'Endead carebros; inal meningin' 'I will a line in 'Croup'); s; inal meningin' 'I will a line in 'Pneumonia'; Typhoid foor theorem, Brosch in the Pneumonia'; Lobar phaemonia, Brosch in the Carebrosch in the Pneumonia, 'Pneumonia,'

10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "S nil," etc., "Dropsy." "Ethatation," Hart adure, "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemis," "We kness," etc., when a definite disease totunus Amen curboil. apingvo (Recora PULRPERAL chile mia, "Pullperal perfondes diseases resulting from childbirth or misearriage as stated unless important. use of "Tumor" for mulignant peoplesses. Examples: Accir ala draming, Struck by radu y trainor as probably such, if imp ... ible to determine definitely. and qualify as ACTIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEA HS state MEANS OF INJUNY State cause for vilich and all operation was undercan be as creamed as the cauce. causing death, 29 dr. Fronthopnomionia (secondary), (secondar, or intercurrent, Chronic interditied rephreis. Whooping unqualified, is indefinite. Tuberculouis of lungs, menperforacion, etc., Carcinoma, Sercoma, etc., of ure of skull, and our equences (e.g., sepsis, may be stated under the head of "contributory." pendations or statement of cause of Medical A . o intion. cough; Committee (Trollie Example: Mousies (disease etc. The n we of the injury, "almular heart The contributory Always qualify all need Poisoned by not be death ." clc.

If the furtificate is looked over thoroughly and all questions answered in detail, it will prove the further overpondence. All the data is executed and must be obtained before the condicate is permanally field.